

## HISTORY FACILITY PROFILE

FRIENDSHIP VILLA CARE CENTER  
3094 SOUTH STATE STREET  
SALT LAKE CITY UT 84165  
STATE'S REGION CODE: 001

PROVIDER #: 46A066  
PHONE NUMBER: (801) 487-7837  
PARTICIPATION DATE: 02/01/1992 CERTIFIED: 37

FACILITY BEDS  
TOTAL: 37  
TYPE ACTION: RECERTIFICATION  
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

## RESIDENT CENSUS ON 05/10/2002

TOTAL: 35  
MEDICARE: 0  
MEDICAID: 30  
OTHER: 5

## LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:  
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 37

18 18/19 19 ICF/MR  
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37

## CURRENT SURVEY REVISIT DATES - 05/23/2002 05/15/2002

PRIOR 3 SURVEY 11/1998	S/S CODE	PRIOR 2 SURVEY 01/2000	S/S CODE	PRIOR 1 SURVEY 02/2001	S/S CODE	CURRENT SURVEY 05/10/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
X	D			X	E	X P	J	05/13/2002	REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC REQ F0164-PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS REQ F0224-FACILITY PROHIBITS ABUSE, NEGLECT REQ F0241-DIGNITY REQ F0246-ACCOMMODATION OF NEEDS & PREFERENCES REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS REQ F0287-RESIDENT ASSESSMENT AUTOMATED DATA PROCESSING REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES REQ F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS REQ F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS REQ F0354-USE OF CHARGE NURSE & REGISTERED NURSE REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC. REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES REQ F0429-PHARMACIST REPORTS IRREGULARITIES REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS REQ F0518-TRAIN EMPLOYEES, EMERGENCY PROC/DRILLS REQ F0521-QA COMMITTEE MEETS QTRLY/DEVELOPS/IMPLEMENTS PLAN
X	E								
X	E			X	E	X P	B	05/17/2002	
X	D					X C	B	05/10/2002	
X	G								
X	G								
X	D								
X	E			X	D				
		X	D			X P	E	05/20/2002	
		X	D			X P	E	05/20/2002	
				X	D	X P	K	05/13/2002	
						X P	K	05/13/2002	
				X	E	X P	D	05/16/2002	
				X	D				
X	E								
		X	D						
						X P	K	05/13/2002	

## EDITION OF LSC APPLIED

85 EXIST 85 EXIST 85 EXIST 85 EXIST  
PRIOR 3 PRIOR 2 PRIOR 1 CURRENT  
SURVEY SURVEY SURVEY SURVEY  
11/1998 01/2000 10/2000 05/07/2002

PLAN/DATE  
OF CORRECTION

LSC DEFICIENCIES - BLDG NO. 01

X			X C	06/15/2002	K0011-COMMON WALL
	X	X	X C	05/07/2002	K0018-CORRIDOR DOORS
X					K0038-EXIT ACCESS
		X	X C	05/09/2002	K0050-FIRE DRILLS
		X			K0062-SPRINKLER SYSTEM MAINTENANCE
		X			K0064-PORABLE FIRE EXTINGUISHERS
					K0066-SMOKING REGULATIONS
X			X C	05/07/2002	K0076-MEDICAL GAS SYSTEM
	X	X	X N		K0104-PENETRATIONS OF SMOKE BARRIERS
X	X	X			K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	9	6	3	9
HEALTH TOTAL	9	6	3	9
LIFE SAFETY CODE	5	7	3	4
LIFE SAFETY CODE + HEALTH	14	13	6	13

## COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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08/30/2000	SUBSTANTIATED
05/31/2001	UNSUBSTANTIATED
07/02/2001	UNSUBSTANTIATED
05/10/2002	SUBSTANTIATED

## FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY
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05/09/2002	OBSERVATIONAL

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT  
COP = CONDITION REQ = REQUIREMENT